

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-4073  
 www.iowa.gov/ethics

**FORM-GBG**

Gift, Bequest, or Grant information  
 received by a department or  
 accepted by the Governor on behalf  
 of the state

**For office use only**

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

Iowa Department of Inspections and Appeals - Food and Consumer Safety Bureau	
Name of Department or Office	
Lucas State office Building, 3rd Floor	Des Moines, IA 50319
Mailing Address	City, State, Zip Code
515-281-8587	
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Judy Harrison	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
jharrison@dia.iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Food and Drug Administration	
Name	
5630 Fishers Lane	Rockville, MD 20857
Mailing Address	City, State, Zip Code
515-827-7025	
Area Code & Telephone Number	
Email Address (optional)	

9/30/07	\$ 5,000.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:

This is a grant to be used by the Iowa Food Safety Task Force to promote food safety to the citizens and food industry workers of Iowa. We have received notice of the grant, which will be in effect from 9/30/07-9/29/08.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Judy Harrison affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Judith E. Harrison  
 Signature

9/4/07  
 Date